

QUESTIONS or COMPLAINTS

Do you have questions about this notice? Please call 1-888-863-6178. In Davidson County, call 313-5790. TTY#1-800-270-1349.

Do you have a complaint about how your private health information was handled? You can call or write one of the offices listed below to ask questions or make a complaint. You will not lose your eligibility if you complain or ask a question.

Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, or call at 615-313-4700.

Office of Civil Rights, Medical Privacy, Complaint Division, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, or call at 866-624-7748.



STATE OF TENNESSEE DEPARTMENT OF HUMAN SERVICES

www.state.tn.us/humanserv/

HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT OF HUMAN SERVICES. IT ALSO TELLS YOU HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.



Tennessee Department of Human Services,
Authorization No. 345738, 65,000 copies, June 2008.
This public document was promulgated at a cost of
\$0.02 each
FIMS# 715-02-00008041

The federal **HIPAA** law says we must keep private facts about your health. It also says we must give you this notice. Here are the rules that we must follow to keep private the facts about your health. These rules can change. If important changes are made, we will tell you.

In order to determine your eligibility for TennCare, DHS will share your private health information with:

- Some employees of the Department; and
- TennCare.
- DHS may also share your private health information with the federal Department of Health and Human Services because they provide oversight of the TennCare program.

With your prior written consent, DHS will share your private health information with any other person or entity, such as:

- Your health care providers;
- An attorney;
- Members of your family.

If you are not able to provide prior written consent, DHS may share your private health information with:

- An authorized representative – who will also have the right to provide written consent for release of your private health information to other individuals and entities;
- A family member or others involved in your health care. You may ask us not to tell them your information. We will agree if we can. If you are a minor child or in an emergency, we may not be able to agree.

Without any prior consent, DHS may also share your private health information:

- With a health oversight agency or law enforcement as required by law for purposes of investigating theft or fraud allegations related to receipt of program benefits;
- With any other individual or entity, including law enforcement and other government agencies, when required to do so by a court order;
- With another individual or entity for purposes of research, as permitted by law.

RIGHTS ABOUT YOUR HEALTH INFORMATION

You have the right to:

- See your health records, except where limited by law.
- Get copies of your health records, except where limited by law.
- Talk to us about how we use and share your health information.
- Ask us to change health information that you think is wrong. You must ask us to change it in writing and tell us why. We may not be able to change it. If we can't change it, we will tell you why.

- You can get a list of those we shared your health information with after April 14, 2003. You must ask us in writing. The list will cover up to the 6 years prior to the request. The list does not have to include those we shared information with in order to determine your eligibility for TennCare or because you asked us to in writing.
- Ask us not to share some facts about your health information. You must ask us in writing. You must tell us what facts you don't want shared. You must tell us who you don't want us to share those facts with. But, there may be some times when we cannot agree to your request. We will tell you why.
- Take back your okay to share your health information. If you signed an authorization form, you can take it back any time. But, you must do it in writing. This will not change any facts we have already shared.
- Ask us to contact you in a different way or at a different address. You must tell us in writing.
- Ask for a new notice of DHS's privacy practices.